NPD-3 PERSONNEL REQUISITION (Complete Section 1,2, 3, and 4 or 5) **REQUESTING:** RECRUITMENT ELIGIBLE LIST | CALL WHEN READY ☐ SEND INTER-OFFICE MAIL WILL PICK UP 1. Requester: Title: Phone #: Date: AGENCY/POSITION INFORMATION: **BUDGETED CLASS & GRADE** REQUESTED CLASS **GRADE CLASS CLASS OPTION** & OPTION CODE# CODE# ☐ Same as budgeted class. If not, fill in below. EL OR LPC DESIGNATION IN CLASS PLAN: LOCATION OF VACANCY: YES □ NO \square **POSITION DEPARTMENT** DIVISION **BUDGET#** CONTROL# TYPE OF POSITION TIME BASE ☐ PERMANENT ☐ FULL TIME ☐ OTHER (specify) (40 hrs.) □ OTHER (specify) **OTHER CONDITIONS:** 3. Additional Criteria. Approval Attached. Recruitment Length П Licensure Requirement 2 weeks П **UFN** Background/Fingerprint/Drug Test % Travel Required Other TYPE OF RECRUITMENT OR ELIGIBLE LIST REQUESTED: STANDARD: Departmental Promotional (EL & LPC Classes Only) Divisional Promotional Statewide Promotional (EL & LPC Classes Only) Divisional/Departmental Promotional Divisional/Departmental/Statewide Promotional Open Competitive (EL & LPC Classes Only) Divisional/Departmental/Statewide Promotional/Open Competitive - OR -NON-STANDARD: For classes not having EL or LPC designation. Appointing authority must certify below. 5. Departmental Promotional Statewide Promotional Open Competitive In accordance with the Rules for Personnel Administration, I certify that I have considered the following and it is in the best interest of the agency to expand the recruitment/eligible list to allow other groups to compete equally. 1. The merit, fitness, efficiency, character, conduct and length of service of the employee, pursuant to NRS 284.295: 2. The need to provide to all citizens a fair and equal opportunity for public service, pursuant to NRS 284.010: The composition of the work force in relation to the plan for affirmative action of the State of Nevada: 3. The needs of the agency in accomplishing its objectives, pursuant to NRS 284.020; and 4. 5. The possibility of any loss in federal money or other sanctions that may be imposed. Signature of Appointing Authority Date

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